

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER New Life Home Care	LICENSE NUMBER 111300
--	---------------------------------

NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>Attached is the philisophy of care of New Life Home Care, Inc. which has guided us through all of us twenty (20) plus years of sharing our home with the elderly and vulnerable.</p>	
<p>2. INITIAL LICENSING DATE</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>222 NE 175th Street Shoreline, WA 98155</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>We've always been known by this name.</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input checked="" type="checkbox"/> Other: S-Corporation</p>	
Personal Care	
<p>“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)</p>	
<p>1. EATING</p>	

<p>If needed, the home may provide assistance with eating as follows:</p> <p>This AFH has cared for a whole range of feeding needs/requirements, including those with GI tubes to those with altered food consistencies like soft, pureed, cut into bits.</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows:</p> <p>We have and continue to care for a whole range of toileting needs, from those with urinary catheters, to those inconsistent of bowel and bladder and those who are able to use the restroom but require maximum assistance with pericare after toileting.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:</p> <p>We provide the assistance needed and consult with the client's health care provider, doctors, occupational therapists, physical therapists, family, guardian and case worker with regard to the appropriate strategies to use. We care for those who walk independently, those who use walkers, those with manual, electric and tilt-in-space wheelchairs.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:</p> <p>Our facility is equipped to provide total assistance with transfers: i.e. from bed to standing position with physical assist or use of the Hoyer lift.</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:</p> <p>We help the client get in bed, reposition client when in bed, and use a turning schedule if needed to maintain skin integrity.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p>Depending on the client's required level of care, we provide a tier of supports ranging from verbal prompts to full physical assistance with activities of daily living.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:</p> <p>Depending on the client's required level of care, we provide a tier of supports ranging from verbal prompts to full physical assistance with dressing.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p>Showers are given to residents who are able to use the shower room. Bed baths are given to those who are unable to go to the shower room. Minimal to total assistance is provided depending on the client's needs.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p>
<p style="text-align: center;">Medication Services</p>
<p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p>
<p>The type and amount of medication assistance provided by the home is:</p>

The adult family home has a DSHS nurse delegator who assists with making sure the staff competently provide medication assistance to the clients.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Care of resident with tracheostomy tube, g-tube feeding, oxygen administration, suctioning

The home has the ability to provide the following skilled nursing services by delegation:

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The home maintains a DSHS nurse delegator

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: 1
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: 2
- ☐ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

No cultural focus. The provider is of Filipino heritage.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

For as long as the AFH can provide the care needs of the client.

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

In home, residents are provided with activities suited to their strengths, their capabilities and their wants. Puzzles, musical instruments, books, numbers, television, radio and music.

Activities outside the home are encouraged such as adult day care and programs, Seattle Parks and Recreation activities, encouraging family visits and outings. Jobs for those able very much supported and encouraged.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

Olympia, WA 98504-5600